

1.3 Partnerships and Coordination

Given the magnitude of AI/AN health disparities and the resource demands they create, it is critical that the IHS identify and collaborate with all available outside organizations with the capacity, capability, and interest to assist in addressing these diverse health problems. Our resolve to develop this crosscutting network is evident by the number and diversity of collaborative activities that are currently in place and described in section.

The Indian Health Service has continued to develop and expand its crosscutting collaborations and partnership with other agencies and organizations to achieve common goals and objectives addressing health disparities of American Indians and Alaska Natives (AI/AN). These partnership and collaborations are building capacity across institutions, enhancing program outreach through shared resources, opening dialogue with new partners, developing or disseminating new health care and/or surveillance technologies, securing a variety of training and technical assistance support for I/T/U providers, networking to maximize knowledge and resources, disseminating information through activities of mutual concern, and developing tribally specific community-based, community driven research.

The following examples of recent and developing collaborative activities met one or more of the following criteria:

- clearly presents the true influence that the Federal agency and its programs wield
- shows program coordination as key elements of interest with GPRA implementation to achieve performance goals
- clarifies roles of the agency, related Federal agencies, and performance partners
- demonstrates agency strategy to coordinate efforts of crosscutting programs-activities
- documents uniqueness of the agency and its distinguishable contributions
- presents agency plans for eliminating duplication and overlap

PROGRAM COORDINATION BY PARTNER WITHIN DHHS:

Administration for Children and Families/Head Start Bureau

- The IHS and the Administration for Children and Families (ACF) have a longstanding collaboration (five years) with the Head Start Bureau. The technical assistance is for IHS to provide Health and Safety training and technical assistance to the 177 Head Start grantees, which are part of the American Indian Program Branch of the ACF, in the area of Health and Safety, Nutrition, Dental, Behavioral Health and General Medical Services. The collaboration also results in a full-time health and safety specialist position and a computerized data system for the IHS Head Start program.

- The IHS and the ACF are collaborating with the IHS Diabetes program, Nutrition program and the clinical providers to monitor and develop programs to address the 0-5 age group of AI/AN in prevention. This is an intervention program to address rising trends in obesity in this age group.

Agency for Healthcare Research and Quality

- The IHS and AHRQ co-sponsored a conference entitled "Crafting the Future of American Indian and Alaska Native Health into the Next Millennium." The purpose was to promote health care partnerships, including research partnerships, between academic medical centers and AI/AN organizations and tribes. IHS and AHRQ are maintaining collaborative efforts; strengthening health services research; increasing opportunities for the Native American population into research; and strengthening the research infrastructure of AI/AN organizations.
- The AHRQ Office of Research Review, Education and Policy (ORREP) is collaborating on potential research training for AI/AN people. The ORREP also participated in the Annual IHS Research Conference. Discussions regarding additional research possibilities have been held with other AHRQ staff.
- The AHRQ Center for Practice and Technology Assessment and the IHS have had discussions regarding possible collaboration and services through their evidence-based practice centers, including technology assessment and other related research activities.
- A collaboration with AHRQ is being pursued to support an Indian Primary-Care Based Research Network
- A collaboration with AHRQ is being discussed for development in 2002 to field an update of the Survey of American Indian and Alaska Natives (SAIAN) as part of the Medical Expenditures Planning Survey (MEPS).
- The collaboration continues on the development of the Healthcare Utilization Project to incorporate IHS data into a large nationwide inpatient database that AHRQ manages with the States.

Centers for Disease Control and Prevention Umbrella Agreement

The IHS and CDC have extensively collaborated in addressing a diversity of health issues over the past decade. As a result, the IHS and CDC now annually develop an umbrella agreement and work plan that currently addresses:

- **CDC/Agency for Toxic Substances and Disease Registry Tribal Liaison:** The purpose of this position is to strengthen inter-government response to tribal public health needs through consultation, networking, strategic planning, and improved coordination among federal and state governments, tribal communities, urban Indian health programs, and academic institutions. This helps to ensure that Indian health interests are represented in program decisions and policies.

- **Epidemiology/Preventive Medicine Training:** The IHS National Epidemiology Program hosts CDC Epidemic Intelligence Service (EIS) Officers for their two-year field epidemiology training experience, and Preventive Medicine Residents (PMRs) for a one-year field training. IHS can provide similar assignments for Prevention Specialists (Public Health Prevention Service). It provides the trainees practical experience while providing a service to the IHS. The IHS Epidemiology and the CDC/EPO are currently collaborating on a project to make basic epidemiology training available to tribal health departments; Navajo Nation is the pilot site.
- **CDC/National Center for Chronic Disease Prevention and Health Promotion-Chronic Disease Annual Workplan:** This intra-agency agreement/workplan was developed in 1990 consisting of two distinct segments, the R-90 (services provided by IHS to CDC) and the M-90 (services provided by CDC to IHS). Both segments consist of an array of components, the specifics of which are negotiated on an annual basis in the form of a workplan. In many cases IHS provides the FTE and CDC provides salaries for some of the staff supporting these activities. Highlights of this plan follows:
 - **Division of Cancer Prevention and Control (DCPC):** Provides for a field assignment for a CDC Public Health Advisor (PHA) to provide technical assistance/guidance for capacity building with state health departments, IHS tribes and tribal organizations. DCPC also provides funds for colposcopy training and other IHS cancer control activities. IHS provides an additional three FTE's to CDC, located in Atlanta, for direct technical assistance and consultation to tribes and tribal organizations through the National Breast and Cervical Cancer Early Detection Program, which currently funds 14 tribal screening programs.
 - **Division of Adult and Community Health (DACH):** IHS provides DACH with four FTE's located in Atlanta to support research, technical assistance, training, and planning. DACH will be the lead in overall planning, coordinating, and monitoring of chronic disease-related activities. The principal activities include but are not limited to:
 - **Memorandum of Understanding - IHS CDC/University of New Mexico:** The IHS provides an FTE for a field assignee with a Doctorate in epidemiology or related field to serve as a Senior Research Scientist for University of New Mexico Prevention Research Center for activities related to AI/AN communities.
 - **Health Promotion Activities for Older Adults:** This component provides technical assistance in the design, implementation and analysis of surveys for health promotion activities for older adults. Information from these surveys will be used to direct program development and evaluation of the health needs of AI/AN aged 55 and older.
 - **Behavioral Surveillance Branch (BSB):** Using the CDC Behavioral Risk Factor Surveillance Survey (BRFSS) this collaboration responds to requests from tribal epidemiology centers (Alaska Native EPI Center, Inter-Tribal Council of Arizona; Northwest Tribal Research Center, and Great Lakes Inter-Tribal Council) to assist in creating and/or analyzing BRFSS data files.

- **Cardiovascular Health:** The DACH provides technical assistance in the design, implementation, and evaluation of cardiovascular risk factor prevention and intervention programs. Provides dissemination of lessons learned from the Inter-Tribal Health Project (ITHP) to tribal communities in the Bemidji service area of IHS and throughout the United States.
- **Division of Oral Health:** This agreement includes a component to develop, implement and promote water fluoridation in AI/AN communities for dental disease prevention. A field assignee will be placed in Albuquerque with the IHS Environmental Management Branch.
- **Division of Diabetes Translation (DDT):** The IHS provides one FTE located in Atlanta, to support CDC/DDT in providing technical consultation and assistance on public health surveillance of diabetes to define the burden of diabetes and diabetes-related complications among the Native population. The DDT calculates age-specific and age-adjusted prevalence by area; hospitalizations and amputations. The CDC/DDT also provides a field assignee to IHS diabetes Program in Albuquerque to provide consultation and technical assistance in diabetes epidemiology to IHS.
- **Gallup Diabetes Research Center:** The IHS provides five FTEs and funding to NCCDPHP to support the National Diabetes prevention research Center in Gallup, New Mexico. The IHS and the NCCDPHP will jointly provide national leadership to plan, develop, implement and evaluate the National Diabetes Prevention research Center under the broad guidance of the Departments of Labor, health and Human Services, Education, and Related Agencies congressional Appropriations act, H.R. 2264, 1998 Conference Report, page S-12088.
- **Office on Smoking and Health (OSH):** The IHS provides CDC/OSH with one FTE for a field assignee located in Albuquerque, New Mexico, to develop, establish, and maintain a community based program for the prevention and control of tobacco use, and related health problems among AI/AN populations.
- **Division of Reproductive Health (DRH):** The IHS provides three FTEs to DRH to support a multifaceted approach to addressing reproductive-related health problems in AI/AN, including Sudden Infant Death Syndrome, and to assist tribes in community health surveys. One method is collection and analysis of reproductive health and Behavioral Risk Factor Surveillance (BRFS) information. After data collection, DRH assists tribes and organizations in the analysis, interpretation and dissemination of survey data. The Pregnancy Risk Assessment Monitoring System (PRAMS) conducts State-specific, population-based surveillance of women's behaviors before, during pregnancy and during the child's early infancy. Two FTE's are located in Atlanta and one FTE provides for a field assignee located in Albuquerque, New Mexico.
- **National Center for HIV, STD and TB Prevention (NCHSTP)**
 - **Division of Sexually Transmitted Disease Prevention:** The IHS provides an FTE for the field assignment of a Public Health Advisor (PHA) to assist in the planning,

development and implementation of sexually transmitted disease control programs among AI/AN. The PHA is located in Albuquerque, New Mexico.

- Communicable/Sexually transmitted Disease Prevention and Control: The IHS provides one-half time services of an Epidemiologist to share administratively the activities under this agreement. The agreement provides for the prevention and control of communicable and other sexually transmitted diseases among AI/AN. High rates of Chlamydia trachomatis may be found throughout AI/AN populations. Activities will include: developing and implementing surveillance systems for monitoring trends; initiating and managing national evaluation, screening and intervention programs and identifying high risk populations for other sexually transmitted disease including HIV.
- **Division of HIV/AIDS Prevention:**
 - Under another collaborative agreement that has been completed an epidemiologist will be designated to assist in the coordination of national surveillance, prevention, and control activities for HIV/AIDS and related opportunistic infections, STDs, and hepatitis B and C among AI/AN people.
 - Further collaboration with CDC/Division of Adolescent and School Health (DASH) is being conducted to provide HIV prevention program activities for the implementation and evaluation of HIV prevention education for AI/AN children and youth in schools on reservations, rural areas, and urban metropolitan areas. Training will be provided to teach in States that have a significant number of Indian students in the use of a curriculum, "Circle of Life HIV/AIDS Curriculum", developed by IHS. The curriculum is for grades K through 6th.
- **National Center for Infectious Diseases (NCID)**
 - Division of Viral and Rickettsial Diseases, Hepatitis Branch: The IHS provides an FTE for a field assignment to be located in Albuquerque, New Mexico, of an epidemiologist to assist in the planning development, and implementation of hepatitis prevention and control programs among AI/ANs. The purpose of this agreement is to provide for collaborative activities related to prevention and control of hepatitis A and C in AI/AN communities. The ultimate goal is to reduce the incidence of hepatitis as a health problem in AI/AN populations.
 - Special Pathogens Branch: The IHS and CDC have an ongoing intra-agency agreement that targets the hantavirus disease. The purpose of this agreement is to assist in the planning, development and implementation of hantavirus prevention and control programs among AI/ANs. Support provided includes assistance in determining trends in hantavirus morbidity and mortality; identifying and responding to outbreaks; and collaborating with tribal, state and local health departments and community-based organizations.
- **National Center for Injury Prevention and Control (NCIPC):** The NCIPC has had an intra-agency agreement with IHS since 1985 to help reduce unintentional and intentional injuries among AI/ANs. The CDC has assisted IHS with pilot injury surveillance projects, publishing MMWR reports and Surveillance Summaries, teaching in the IHS Injury

Prevention training program to build tribal capacity, evaluating community-based injury prevention and control programs, participate in the IHS's national advisory board on injuries, and collaborate as a national partner to raise awareness of injuries as a leading public health problem among AI/ANs. The CDC and the IHS also collaborated with the American Academy of Pediatrics and several tribal groups to present the first ever briefing on injury issues to select Senate staff. The IHS provides an FTE for an Atlanta-based Injury Prevention Specialist who collaborates with IHS on these and other projects.

- **National Immunization Program (NIP)**

- Vaccine-Preventable Disease Control: The IHS provides an FTE for the field assignment of a Public Health Advisor to assist in the planning, development and implementation of vaccine-preventable disease control programs among AI/ANs. The PHA, located in Albuquerque, New Mexico, will assist in implementation of the Vaccines for Children (VFC) program among AI/AN children.

OTHER IHS/CDC COOPERATIVE AGREEMENTS : The IHS and CDC collaborate on various specific projects in partnership with tribes, tribal coalitions, Alaska Native corporations, and academic institutions who are recipients of CDC and/or IHS cooperative agreement funds. Such activities may or may not occur in direct relationship to the aforementioned formal Intra-agency Agreements.

Food and Drug Administration

- The IHS and the FDA collaborated on recommendations to reduce patient and occupational exposures; to promote principles of radiation protection, and to allow the FDA to monitor radiation protection for conformance with existing agency and Federal policies.
- The IHS has a collaborative agreement with the FDA Center for Devices and Radiological Health for mutual support in the evaluation and use of medical radiologic equipment. During the past year the FDA provided equipment and training to allow IHS institutional environmental health staff to conduct performances and quality assurance evaluations of 300 medical and 1,000 dental diagnostic x-ray units.

Health Care Financing Administration

The collaboration with HCFA covers an array of issues that critically impact operational issues related to the Indian health care system and the provision of services by the IHS to its stakeholders. Many of the issues were directed at increasing the understanding of federal and state government agencies about the government-to-government relationship with the 550 federally recognized tribes and the need for consultation with tribal governments on actions that affected them. Following are current and ongoing collaboration issues.

- The IHS and HCFA Joint Indian Health Steering Committee continues to be an effective tool creating a better understanding of the unique needs of the IHS and, Tribes (I/T) for appropriate, representative policies.
 - Legislation Subcommittee: The IHS will continue to work with HCFA on legislative directives, e.g., reauthorization of the Indian Health Care Improvement Act, using

Medicare rates for CHS payments, expanding payments to outpatient ambulatory clinics and for physician services.

- Operations Subcommittee: The IHS will continue to work with HCFA on program policy and operation issues such as reimbursement policies, outreach and education, and data sharing and other policy guidance.
 - Cost Reports Subcommittee: The IHS in collaboration with HCFA will address short and long range plans for development of hospital cost reports. This includes short and long range plans for a cost accounting system, and training of IHS finance and management staff
- The IHS and HCFA continue their collaboration with the National Medical Education program (NMEP) Task Force. The NMEP ensure that beneficiaries receive accurate, reliable information about their benefits, rights and health plan options; have the ability to access information needed to make informed choices; and perceive the NMEP (the Federal government and our private sector partners) as trusted and credible sources of information. The NMEP activities have included publishing Medicare & You Handbook, Internet activities, Toll-Free Medicare choices Helpline, National Alliance Network, Enhanced Beneficiary Counseling from State Health Insurance Assistance programs, the National Train-the-Trainer Program, and Regional Education About Choices in Health Campaigns.
 - The IHS and HCFA formed the Home Health Care workgroup to develop draft regulations to implement the Prospective Payment System. The workgroup will be reviewing amendments to the current regulations.
 - The IHS and HCFA work closely on the HHS Value-Based Purchasing Work Group that is part of the Quality Interagency Coordination Council. They have pursued the national goal to reduce the number of medical errors in health care environments and to build a safer health system nationally.
 - The establishment of an IHS Liaison to advise HCFA managers on policy information respective to health care programs administered by the I/T/U continues to be beneficial and effective.
 - The IHS and HCFA collaborated for the Prospective Payment System Minimum Data Sets that include current cost reports. These files are used to calculate hospitals' current Diagnostic Related Group prospective payment rates, etc. The intent of these data sets are to provide IHS with the necessary information to make payments in a timely manner.
 - The IHS and HCFA collaboration resulted in new Medicare and Medicaid reimbursement rates for the IHS and IHS-funded tribal facilities. This revenue source is used for medical staff, improved training, the purchase of additional medical equipment and improved facilities for IHS.
 - The IHS and HCFA collaborated on legislative issues that resulted in important HCFA policies and enhanced operational issues, i.e. Medicaid program waivers, the Children's Health Insurance Program (CHIP), new policy guidance and proposed regulations exempting AI/AN from any cost sharing provisions under CHIP for eligible children.

- The IHS and HCFA collaborated on Medicare enrollment data to provide more accurate information for assessing outreach to Medicare beneficiaries that are AI/AN to establish an accurate database for IHS. This information will be used also for analyzing AI/AN Medicare utilization patterns. Also, this database will be used by the IHS in claims processing to reduce the number of IHS Medicare claims rejected by HCFA fiscal intermediaries for errors.
- The IHS/HCFA collaborated together to discuss major issues affecting the policies and operations of each agency such as interfacing with state health care reform activities, federal waiver demonstrations, advising HCFA HQs and Regional Officers, State Medicaid Directors on how to consult with tribes in their States when drafting Medicaid waiver proposals.

Health Resources and Services Administration

- The IHS continues to collaborate with HRSA to provide support for PHS Primary Care Policy Fellowship program to bring 30 Federal and private sector primary care leaders to enhance their capabilities to advance the primary care agenda at the local, state, and national level. It also sponsors a mid-year Primary Care Networking Conference for collaborations.
- The IHS and HRSA have recently completed an agreement to provide HIV/AIDS education and training to health care providers that provide health care services to AI/AN people.
- The IHS and HRSA-Federal Occupational Health Program (FOHP) collaborated to share software enabling IHS to receive occupational health, environmental assessment and health information management support services from various resources and enables the IHS to meet its environmental management responsibilities.

National Institutes of Health

- The IHS and the National Institute of General Medical Sciences (NIGMS) are collaborating on bringing together in partnership academic research institutions, Indian tribes or Indian community based organizations. The purpose is to strengthen capacity for research on diseases of importance to American Indians and to develop a cadre of American Indian scientists and health professionals who will become active participants in competitive NIH funded research.
- The IHS and the NIH- National Institute for Dental and Craniofacial Research, in partnership with the State University of New York at Buffalo have a longstanding (five year) partnership to develop treatment regimens for individuals with diabetes who also suffer from periodontal disease. The first site for the study was Sacaton, Arizona, and the current site is Santa Fe, New Mexico. The results have been reported in the professional literature and the technology is being exported under a grant program.
- The IHS and NIH-National Institute of Diabetes and Digestive Kidney Diseases (NIDDK) collaborate on facilities and services to conduct clinical research studies primarily in the areas of diabetes and digestive diseases at the Phoenix Indian Medical Center (PIMC), Arizona. It also facilitates collaborative research interest in diabetic renal disease and epidemiologic surveys and studies.

HHS Office of Women's Health

- The National Indian Women's Health Steering Committee is conducting 11 surveys through Indian country to identify women's health issues and will be making recommendations to the Director of IHS.

Substance Abuse and Mental Health Services Administration

- The IHS along with other Federal Agencies are working with SAMHSA to support several Native American collaborations addressing mental health and the "Indian Self Determination: Summit on Tribal Strategies to Reduce alcohol, Substance Abuse and Violence."

COLLABORATION WITH OTHER FEDERAL AGENCIES

Department of Interior/Bureau of Indian Affairs

- The IHS along with other Federal Agencies are working with the DOI/BIA to support several Native American collaborations addressing mental health, domestic violence abuse and neglect, and the "Indian Self Determination: Summit on Tribal Strategies to Reduce alcohol, Substance Abuse and Violence."
- The IHS continues to work with the BIA to provide technical assistance and training for background checks of employees of tribal health programs.
- The IHS continues to be a partner in the support of the IHS/BIA Annual Youth Conference reaching Junior High and High School and college teens with an agenda that covers a wide variety of life issues.

Department of Justice

- The IHS and other federal agencies have partnered with the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention and Office of Community Oriented Policing Services to support coordinated activities in mental health and community safety for AI/AN children, youth, and families. The grant funds are for a 3-year period to provide tribes with easy-to access assistance in developing innovative strategies that focus on the mental health, behavioral, substance abuse, and community safety needs of AI/AN young people and their families
- The IHS and other federal agencies have partnered with the U.S. Department of Justice, Offices of: Tribal Justice, OJP Corrections Program and Office of Justice Program to co-sponsor the "Indian Self Determination: Summit on Tribal Strategies to Reduce alcohol, Substance Abuse and Violence." The conference will focus on developing a national agenda on alcohol, substance abuse and violence for Indian country; and an opportunity for Federal agencies to highlight promising practices and strategies on alcohol, substance abuse and violence. Tribes will be given materials, and they will be able to network with researchers.

Environmental Protection Agency

- The IHS and EPA have several interagency agreements to coordinate activities of both agencies pertaining to the environment and human health of AI/AN and their lands. Through their joint effort the EPA can provide resources to the Sanitation Facilities Construction

Program's national network of staff to promote their mutual interests, create cost-efficiencies and eliminate overlapping responsibilities, i.e. design and construct wastewater treatment projects.

- In their partnership with EPA, the IHS also enters into Memorandums of Understanding (MOU) with tribes to apply and manage Clean (CW) Indian Set-Aside grants to develop and manage their water and sanitation facilities program. The IHS and EPA provide technical guidance and support throughout the process.

Federal Emergency Management Agency

- The IHS, the Federal Emergency Management Agency (FEMA) and the U. S. Fire Administration (USFA) are collaborating to reduce the rate of fire and burn injuries in American Indian and Alaska native children, ages 0-5 years to half the national average by the year 2010. Fire is the leading cause of childhood injury death in the home and children under five years of age are at the highest risk.

U.S. ARMY MEDICAL COMMAND

- The IHS and the U.S. Army Medical Command collaboration permitted the IHS to access the Army's contract with Med-National. Med-National is a health manpower recruiting firm located in San Antonio, Texas. Through Med-National, the IHS has access to an alternate source of dental manpower and has been able to place 6 dentists in IHS and tribal dental clinics.

United States Department of Agriculture

- The IHS continues to work with the USDA for WIC services for Head Start Indian children to provide basic nutrition food items to ensure health physical development of children between ages 1-5 years old.

Uniformed Services University of the Health Sciences

- The IHS also has a collaborative agreement with the Uniformed Services University of the Health Sciences (USUHS) for technical assistance in ensuring environmental compliance of IHS health care facilities. During the past year, USUHS staff developed a comprehensive hazardous materials and waste management plan that will be applied in all IHS facilities.

Department of Veterans Affairs

- Nationally, the IHS is collaborating with the VA on targeted data systems and credentialing to increase the number of Native American veterans eligible for services and to identify under-served areas of Indian country where Native Americans reside.
- The IHS, HFCA and the Social Security Administration plan to include the VA in their collaboration to develop an agreement targeting education and outreach of veteran beneficiaries who are underutilizing their benefits and services.
- Many local IHS facilities have care agreements and pharmaceutical supply agreements with nearby VA facilities that maximize capabilities and extends the outreach of services for both agencies.

- The IHS participates in the VA Drug Prime Vendor Program. By collaborating with the VA and being included on the VA prime vendor drug contract, the IHS is able to take advantage of national drug contract prices negotiated by the VA. This allows the IHS to purchase selected pharmaceutical at substantially discounted prices, even lower than Federal Supply Service (FSS) prices in most cases. The IHS has been participating for several years and plans to continue this collaboration indefinitely. The program has resulted in very substantial savings for IHS over the years.

OTHER PROGRAM COORDINATION BY SUBJECT

Obstetrics and Gynecology Training and Technical Assistance from the American College of Obstetrics and Gynecology (ACOG)

- The American College of Obstetricis and Gynecologists (ACOG) Fellows In Service Program recruits and screens Board Certified or Active Candidates for Board Certification obstetrician-gynecologists (OBG's) for short term assignments in IHS facilities. These fellows augment local IHS staff when their OBG's are away for leave, educational training, maternity leave, or prolonged illness or disability. There are approximately 8-12 assignments each year, with 11 having been assigned this past year. A number of requests have already been made for this year's program.
- The ACOG Committee on American Indian Affairs meets with IHS Headquarters, Area, and Service Unit staff 2-3 times a year and conducts an Area-wide obstetric and gynecologic quality of care consultation site visit annually. All Areas with full-service obstetrics and gynecology programs are site visited on a rotating schedule. The Billings Area was surveyed last year. The Committee met with the IHS OBG clinicians in Albuquerque in July, 2000, and is scheduling its next site visit to the Phoenix Area in the spring of 2001.
- The ACOG-IHS Postgraduate Course on Obstetric, Neonatal, and Gynecologic Care is presented annually by specially recruited and selected ACOG and IHS faculty for approximately 100-110 IHS and tribal physicians, advanced practice nurses, and clinical nurses. This course is designed to provide a week-long update of obstetric, neonatal, and gynecologic care with the focus on practices appropriate in the primary care setting in often smaller or more remote facilities. Approximately 110 have registered for the next course to be presented in Aurora, CO, in September, 2000.

Injury Prevention

The mission of the IHS Injury Prevention Program is to decrease the incidence of severe injuries and death to the lowest possible level and increase the ability of tribes to address their injury problems. The IHS has initiated an aggressive public health attack to prevent traumatic injury among American Indians and Alaska Natives. Primary emphasis is directed to the injuries of the greatest cause, such as motor vehicle crashes, and to the most common risk factors, such as lack of occupant restraints, alcohol impaired driving, and poor road conditions in rural areas. Other emphasis areas are in childhood injury, the prevention of house fire-related injuries, and building the capacity of Tribes to address injuries in local communities through core programmatic funding and training in injury prevention.

To accomplish their mission, the IHS Injury Prevention Program has formed partnerships with many government and non-government agencies. The IHS has a collaborative agreement with the National Center for Injury Prevention and Control of the CDC for the purpose of injury prevention, with specific areas of interest in injury epidemiology and surveillance and in the evaluation of community-based injury prevention and control activities. During the past year the CDC and the IHS collaborated with the American Academy of Pediatrics and several tribal groups to present the first ever briefing on injury issues to staff from the Senate Select Subcommittee on Indian Affairs.

Other formal Interagency Agreements exist between IHS and the U.S. Fire Administration, and the National Highway Traffic Safety Administration. Program staff work with many other agencies and groups including the following; the National Safe Kids Campaign, the Consumer Product Safety Commission; Bureau of Indian Affairs' Law Enforcement Services and Division of Highway Safety; American Academy of Pediatrics, Committee on Native American Child Health and the Committee on Injury and Poison Prevention; Federal Highway Administration; HRSA's Maternal & Child Health Bureau; The Johns Hopkins University; Harborview Injury Prevention Research Center; and private foundations.